

**BEST AVAILABLE COPY**

POSITION	ID NO.	DATE
CLASSIFIER		
EXAMINER	407	8-7-97
TYPIST	" "	" " "
VERIFIER	" "	" " "
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

## INDEX OF CLAIMS

Final	Claim
1	Original
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
12	✓
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41	✓
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43	✓
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45	✓
46	✓
47	✓
48	✓
49	✓
50	✓

Claim		Date					
Final	Original						
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## SYMBOLS

✓	Rejected
=	Allowed
- (Through numeral)	Canceled
+	Restricted
N	Non-elected
I	Interference
A	Appeal
O	Objected